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21000 7000 04/26/2010

VINSON & ELKINS, LLP.
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(Deposited in envelope)
(Signature)
(Date)

APPLICATION NO	EDGING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
16/583,435	04/27/2007	Robert James Kelly	KER0104-04003	5012

TITLE OF INVENTION: WOUND CARE PRODUCTS CONTAINING KERATIN

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$268	\$300	\$6	\$1093	04/26/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
NOAKES, SUZANNE MARIE	1600	506-357000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. If a printing on the patent from page, list (1) the names of up to 5 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Vinson & Elkins LLP 1..... 2..... 3.....
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4. "Fee Address" indication for "Fee Address" indication form PTO/SB/17A, Fee 0.3-03, or most recent attached. Use of a Customer Number is required.		

3. ASSIGNED NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Keraplast Technologies, Ltd.

San Antonio, TX

Please check the appropriate assignee category or categories (will not be printed on the patent). Individual Corporation or other private group entity Government

4a. The following fees are required:

4b. Payment of fees (Please first reapply any previously paid issue fee shown above)

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies

A check is enclosed.
 Payment by credit card. Form PTO-203 is attached. Submitted electronically
 The Director is hereby authorized to charge the required fees, any deficiency, or credit any overpayment, to Deposit Account Number, send/copy an extra copy of this form

5. Change in Entity Status (If not later indicated above)

Applicant claims SMALL ENTITY status. See 37 CFR 1.27. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name Timothy S. Corder

Registration No. 38,414

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